Fees pursuant to the Consol	Complete if Known								
				Application Nu	mber	10/553,2	10	Canf. No.: 1244	
FEE TRANSMITTAL			\L L	Filing Date Octobe			13, 2005		
For FY 2009				First Named Inventor Her		Herbert \	VIRZ		
Applicant claims sma	N antibu status	C 27 OFD 4 0		Examiner Nam	e	J. KEEN	AN		
	s entity status	3. See 37 CFR 1.2		Art Unit		3652	•		
TOTAL AMOUNT OF PA	rment (\$	940.00	Ī	Attorney Docke	i No.	2360-043	SPUS1		
METHOD OF PAYMEN	(T (check al	that apply)							
Check Credit		Money Order	None	Other 6	nlanca id	aniës)*	***************************************	***************************************	
Check Credit Card Money Order None Other (please identify);									
For the above-Identified deposit account, the Director is hereby authorized to: (check all that apply)									
			LAI SEN I ROSEO						
Charge fee(s) indicated below, except for the filing fee									
I under 37 CP	R 1.16 and 1	17				erpaymer			
WARNING: Information on the information and authorization	is form may be	come public. Credit	card info	rmation should n	ot be inc	luded on t	his form.	Provide credit card	
FEE CALCULATION		<u>`</u>		***************************************	***************************************	***************************************			
1. BASIC FILING, SEA	DON AND	EVARINATION	cere		-	***************************************	***************************************	***************************************	
). DAGIO I ILITO, GLA	FILING	FEES		H FEES	EXA	AINATIO	NEEES	:	
Application Type	Fee (\$)	imall Entity Fee (\$)	Fee (\$)	Small Entity	Fee	Smal	Entity	Fees Paid (\$)	
Utility	330	165	540	Fee (\$) 270	220		e (\$) i()	Cana Laid (2)	
Design	220	110	100		140			***************************************	
Plant	220	110		50			70		
Reissne	330	165	330	165	170		85	***************************************	
Provisional	220		540	270	650		25	***************************************	
2. EXCESS CLAIM FE		110	0	0	()	0		
Fee Description	62						Fee (\$)	Small Entity Fee (\$)	
Each claum over 20 (including Reissaes)							52	26	
Each independent claim over 3 (including Reissues)							220	110	
							390	195	
21 - 20 or HP =	Dtal Claims Extra Claims Fee (5) Fee Paid (5) 21 - 20 or HP = 0 x = 0.00					Multiple Dependent Claims Fee (\$) Fee Paid (\$)			
HP = highest number of tota	il attilms paid fo	r, if greater than 20.					F 66 763	rea raid (a)	
Indep. Claims	Extra Clain	15 Fee (\$)	Fee P	aid (\$)					
4 -3 or Hs :: HP * highest number of inde	sendent claims	baid for, if onester the	=	00					
3. APPLICATION SIZE	FFF								
If the specification and	drawings e	xcccd 100 sheets	of pape	r (excluding e	lectron	ically fil	ed seque	ence or computer r each additional 50	
sheets or fraction th	ric (152(6)) perent. See	. me appareamm : 3511.57° 41659	1)(G) or	uue is 5270 (\$.d 377°ED 1 1	(133 101 (133 101	smari ei	unty, ro	r each additional 50	
Total Sheets	Extra Shee	ts Number	of each	additional 50 o	r fractic	n thereo	Fee	(S) Fee Paid (S)	
- 100 ::	0	/ 50 =	0	found up to a w	vhole nu	mber) x	*********	= 0.00	
4. OTHER FEE(S) Non-English Specifi	eation, S1	30 fee (no small	entity di	scount)				Fees Paid (\$)	
Other (e.g., late filin	g surcharge)	1801 - RCE Fee:	\$810 / 1	212 - 1 mp. EO	T- \$130			940,00	
SUBMITTED BY									
	MLXX	arvin V	Re	gistration No. 2	9 271	***************************************	Telepho	one 703-205-8000	
Inne (Print/Tyrie) Charles Grenstein							Date June 22, 2011		

This callerstan of information in required by 3.7 CFR 1.16. The information is required to obtain or return a benefit by the public which is to Ser dand by the public value of the public which is to Ser dand by the public value of the value of the public value of the value ADDRESS SEND TO: Commissioner for Patents, P.O. Box 1459, Alexandria, VA 22313-1459.

Ğ